Scheme for diagnosis and treatment of dermatological diseases

Diagnosis and treatment of fungal infection

-1Clinical presentation.
-2Direct microscopy + KOH drop + %20-10 Warming.
-3Culture on Sabouraod's agar (2- 4 weeks(
-4Wood's light:
Corynebacterium minutissimum <- Coral red
Microsporum canis <- Green
P.ovale <- Golden yellow.
-5Biopsy for deep infection.

Treatment:
-1Systemic:
a. Griseofulvin: 12.5 mg/kg/day
8-6weeks in Tinea capitis.
4-2weeks in Tinea corporis.
10-8weeks in Favus.
6months in finger nails onychomycosis
12weeks in toe nails.

it's not effective in Candidiasis & Pityriasis versicolor.

b. Broad specrum Antifungal : Ketoconazol ,Itraconazole.

-2Topical:
-Tincture Iodine 2- 5.%
-Whitefield Ointment = Salicylate 3 + Benzoate 6 + Lanoline 10 + Vaseline 100
-Topical BS antifungal : Clotrimazole, Ketoconazole, Econazole, Fluconazole.
-Aqueous solution of 20-25% Na Hyposulfite in pityriasis Versicolor

-3Candida :
-Topical antifungal : Clotrimazole.
-Systemic Broadspectrum antifungal : as b4 except Griseofulvin as it's not effective in candidaisis.

Scabies

Diagnosis : Clinical
***Itching more at night.**
***More than one family member.**
***Characteristic distribution.**

Treatment:

-1Systemic: Ivermectin - Oral antihistaminics.

-2Topical:

a. Sulfur 5-10 % in petroleum after hot bath with hard brush 4 successive nights.

b. Gamma benzene hexachloride 1%) lindaine) but avoid hot bath <- increase absorption <- CNS toxicity. It's washed after 8-12 hours.

c. permethrin 2.5 - 5 % washed after 8 - 14 hours.

d. Malathione 0.5%

e. Crotamitone 10% once daily for 3 successive days without bathing.

f. Benzyl Benzoate emulsion 25-33%

N.B: in pregnant female use Sulfur and Permethrin only.

Pediculous humanus Capitis

-1ttt of pyogenic infection : Systemic Antibiotic.

-2Antipediculous agents (Permethrin, Malathione, Gamma benzene hexachloride 1% ,Benzyl benzoate emulsion 25%-33%.(

-3Removal of nits by fine toothed comb.

Pediculous humanus corporis

-1Ironing of clothes.

-2Antipediculous lotions

Phthirus pubis

Shaving + Malathione.

Alopecia Areata

-1Topical:
***Local irritant (Tincture iodine, tincture capsicum, tincture cantharidis(**
***Contact allergens (DNCB(**
***Topical and INTRALESIONAL steroids.**

-2Phototherapy: PUVA, UVB.
-3Systemic corticosteroids.

Androgenic Alopecia:
***Topical minoxidil 2-5%**
***Systemic antiandrogens in females.**

Acne Vulgaris

4)topical and 4 systemic(

-1Topical:

***Peeling agent (Salicylate 3% or Sulfur in calamine lotion 2% or 0.05% Retinoic acid(**

***Antibiotics (Erythromycin ,Clindamycin(**

***Benzoyl Peroxide.**

***Topical Azaleic acid (Keratolytic and Decrease sebum(**

-2Systemic:

***Antibiotics (Tetracycline, Clindamycin ,Minocycline, Doxycycline) in therapeutic doses they are bacteriostatic, in sub-therapeutic doses they are anti-lipase.**

***Antiandrogens: Cyproterone acetate.**

***Systemic Retinoids (isotretinoin)0.5-1 mg/kg/day It's teratogenic so avoid in the 1st trimester, take OCP and stop 3 months before pregnancy.**

***Post acne scaring: Dermabrasion, Chemical beeling, Resurfacing by laser therapy.**

Psoriasis

Diagnosis:

-1Clinical presentation.

-2Grattage test+ <- ve Auspitz sign.

-3Histopathology (Parakeratosis, Papillomatosis and elongated rete ridges, Acanthosis, Sterile pustules in stratum malpighii and Dilated tortuous capillaries(

Treatment:

-1Topical :

***Emolients.**

***Keratolytics <- Salicylic acid 3%.**

***Tar (crude coal tar <- Antiproliferative(**

***Anthraline <- Antimitosis.**

***Topical and Intralesional steroids.**

***Vit D3 analogues (calcipotriol <- inhibit cell proliferation and stimulate keratinocyte differentiation(**

***Topical Retinoids.**

-2Systemic:

***Methotrexate 0.2 - 0.4 mg/kg**

***Etretinate1 mg/kg/day.**

***Combined therapy <- Re-PUVA.**

***Biological therapy <- TNF I.**

-3Phototherapy:

***PUVA - UVB (Narow band - Broad band.(**

Pityriasis Rosea

-1Reassurance.

-2Soothing lotion.

-3Antihistaminics <- If itchy.

Lichen planus:

-1Topical : 3S
*Steroids.
*Intralesional steroids <- Hypertrophic lichen planus.
*Sun screen (Lichen planus actinicus.(

-2Systemic:
*Antihistaminics.
*Steroids.
*Antimalarials <- Actinic lichen planus.
*Tranquilizers.

Herpes simplex:

-1Topical : Gentian violet 2% paint + Acyclovir cream in 1st 48 hours.
-2Systemic : 200 mg Acyclovir 5/day for 5 days.

Chicken Pox:

-1Topical: Gentian violet + Calamine lotion.
-2Systemic :Acyclovir + Antihistaminics.

Herpes Zoster:

-1Topical : Gentian violet + Acyclovir cream.
-2Systemic 800 : mg Acyclovir 5/day for 7-10 days + Pain killers.

Viral warts:

Self limiting.

-1Chemical cautery:
*Glacial acetic acid.
*Salicylic acid 10 - 60.%
*Salicylate + Lactic acid in felxible collodion.

-2Electric cautery.
-3Cryotherapy with liquid nitrogen 196 degee celzius.
-4Carbon dioxide laser.
-5Topical keratolutic : Retinoic acid.
-6Genital warts: 25% podophylline in tincture benzoin - Topical imiquimod cream.

Molluscum contagiosum

-1Mechanical <- Expression by forceps of curettage + Conc .Phenol to the base.
-2Conc. phenol paint.
-3Electric cautery.
-4Cryotherapy and CO2 laser.

Eczema

-1General : Antihistaminics, Antibiotics, Steroids.
-2Local:
*Acute : K permanganate 1/8000, Lead subacetate 0.5% 1/10000 , Corticosteroid cream.
*Subacute : corticosteroid cream, Zinc oxide paste.
*Chronic : Topical steroids.
*Atopic dermatitis: Long term use of emollients.

-3Search for the cause and avoid it.

Urticaria:

-1Adrenaline 1/1000 1cc SC.
-2Antihistaminics lenofexidine.
-3Ca++ gluconate 100% 10 cc slow IVI
-4Systemic steroids.
-5Find the cause and avoid it.

Papular urticaria

-1Avoid insect bite.
-2Antihistaminics.
-3Short term oral steroids.
-4Antibiotics.
-5Soothing lotion.

Erythema multiforme

-1ttt of the cause (hypersensitivity(
-2Antibiotic for2 ry infection.
-3Systemic corticosteroids in severe cases.

Fixed drug eruption

-1Stop the drug.
-2Emolients.
-3Topical steroids.

Vitiligo

-1Topical: Steroids and PUVA.
-2Systemic: PUVA - 8 methoxy psoralen + UVA (320 - 400 nm(
-3Narrow band UVB (311 - 313 nm (Without systemic therapy.
-4Surgical : Micropigimetation , Autografting.

Chloasma:

-1Avoid sun exposure + Sun screen.
-2Stop OCP.
-3Topical remedies that decrease melanocyte activity (Azaleic acid, Hydroquinone(
-4Chemical peeling : 35% trichloroacetic